

APPLICATION FOR ENCLOSED SHELTER RESERVATION

Please enclose your non-refundable check and mail to:
Erie County Parks and Recreation
95 Franklin Street Room 1359
Buffalo, NY 14202
(716) 858-8351

Complete all information requested. Reservations are not final until confirmed by the parks office and you receive a confirmation notice. Send the entire application directly to the above address along with your check or money order. Reservations are made on a first come and first serve basis. Please call for additional information or for shelter availability at 858-8351.

Group Name: ______ No. Of People Attending: _____

Group Leader/Person Responsible:		
Address:	NY	Zip:
Home Phone:	Work Phone:	
Home Email Address	Work Em	ail Address
Name Of Enclosed Shelter Requested: 1st Request:	2nd R	equest
Date of Event: 1st_choice Mo/day/year/_ Time of Event:/	/AM/PM	choice Mo/day/year//_ Time of Event:AM/PM
 Reservation will be acknowledged date of your event. Remember that all permits are subjective with your confirmation letter. The Group Leader/Person will be responsible for the actions of their The Erie County Parks Dept. is not 	ect to obeying all paresponsible for the sl parties.	arks rules which are posted and mailed helter clean up. In addition, they are
I have read and understand the above reasons	quirements gnature	Date
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